PATENT APPLICATION FEE DETERMINATION RECOI Effective November 10, 1998								Application of Docket Number 9/425436					
CLAIMS AS FILED - PART I (Column 1) (Column 2)							SMA		ENTITY	OR	OTHER SMALL		
FC)R		NUMBE	ER FILED		NUMBER	EXTRA	RAT	ΓΕ	FEE	1 [RATE	FEE
ВА	ASIC FEE									380.00	OR		760.00
TOTAL CLAIMS			7	minus	20= *	ı		X\$:	9=		OR	X\$18=	
IND	DEPENDENT CL	LAIMS	2	√ minus	3 = *			X39) =		OR	X78=	
MU	MULTIPLE DEPENDENT CLAIM PRESENT							+13	0=		OR	+260=	*
* If	the difference	in colu	ımn 1 is	less than ze	ero, er	ıter "0" in c	olumn 2	TOT	AL	<u> </u>	OR	TOTAL	
	С		S AS A umn 1)	MENDE		ART II olumn 2)	(Column 3)	SMA	۱LL	ENTITY	OR	OTHER SMALL I	
NTA		CL REM/ AF	AIMS AINING FTER NDMENT		HI NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT A	Total	* /		Minus	** 6	20	= 0	X\$ 9	}=		OR	X\$18=	
AME	Independent	* *	2	Minus	****	<u> </u>	= /	X39)=		OR	X78=	80.00
_	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PENDE	ENT CLAIM		+130	——)=		OR	+260=	
								TO ADDIT.	TAL		OR ,	TOTAL ADDIT, FEE	
		(Colu	umn 1)		(Cc	olumn 2)	(Column 3)	ADDII.	FEL		, .	4DD11.1 CC	
IDMENT B		CL/ REM/ AF	AIMS AINING TER IDMENT		HI NI PRE	IGHEST UMBER EVIOUSLY AID FOR	PRESENT EXTRA	RAT	Έ	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
NO.	Total	*		Minus	**		=	X\$ 9)=	,	OR	X\$18=	
AME	Independent	*		Minus	***		=	X39	=		OR	X78=	
	FIRST PRESE	NTATIO	N OF ML	JLTIPLE DEF	PENDE	NT CLAIM							
								+130			OR	+260=	
	;							ADDIT. I	TAL FEE		OR ,	TOTAL ADDIT. FEE	
_			umn 1) AIMS			olumn 2) IGHEST	(Column 3)						
NT C		REMA AF	AIMS AINING TER IDMENT		NI PRE	UMBER EVIOUSLY NID FOR	PRESENT EXTRA	RAT	E-	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*		Minus	**		=	X\$ 9	_	·	OR	X\$18=	
	independent	*		Minus	***		=	X39				X78=	
4	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								_		OR		
+ 16									=		OR	+260=	
** If	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."								TAL		OR ,	TOTAL ADDIT. FEE	
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

This Form For INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	09/425436

		Total Fe	e Calculation	1		
	Fee Cade	Total # Claims	Number Extra X	Fee	Fee	= Total
	Sm./Lg.			Sm. Entity	Lg. Entity	
Basic Filing Fee	201(101)	1			760.00	160.00
Total Claims >20	203/103	-20 :	x			
Independent Claims >3	202/1922 :	.3 =	x			
Mult. Dep Claim Present	204/104					
Surcharge	20/105	•			130.00	. (30.00)
English Translation	139					
TOTAL FEE CALCUL	ATION			,		890.00
Fees due upon filing	the application	:			,	•
Total Filing Fees Due	:= \$ <u></u>	890.0	0	,		
Less Filing Fees Subr	nined - \$	0				·
BALANCE DUE	= \$ _	890.00	•		•	
Alury &	Chins					į
Office of Initial Patent	Examination					(

Figure 7